

# **MEDICARE LEARNING NETWORK - COMPUTER/WEB-BASED TRAINING**

## **ADULT IMMUNIZATIONS - INTRODUCTION**

*My name is Mary Shure, and I am a National Health Care Promoter for Medicare. The goals of this Adult Immunization Computer Based Training (CBT) module are to help you better understand the importance of adult immunizations and identify ways to increase the immunization rates in your healthcare community.*

*Due to the fact that 40 to 70 thousand Americans die each year from pneumonia and influenza -- more than all other vaccine preventable diseases combined -- increasing the immunization rate of Medicare beneficiaries in your community is vital. So, we have designed this training to enhance your awareness of adult wellness and to increase your utilization of the pneumococcal (PPV) and influenza immunizations in your healthcare community.*

This course begins with a brief Preliminary Knowledge Assessment so you can gauge your understanding of Medicare's preventive benefits for the PPV and influenza vaccinations, and your understanding of the various methods of billing for these immunizations. Additional information about Medicare (including information on other CBT courses and satellite broadcasts) can be obtained by visiting the "Learning Resources" section of HCFA's web site at [www.hcfa.gov](http://www.hcfa.gov), or by calling your local Medicare contractor.

After completing the preliminary assessment, continue to the lesson menu, which allows access to all lessons. At the conclusion of each lesson, you will be asked to answer a few review questions. These questions will show you which areas of the lesson, if any, you need to review before moving on in the course material.

At the end of the course, there is a brief Post-Course Knowledge Assessment that will test your understanding of the material covered. Once you have completed the course and the post assessment, you can print your Progress Report with your scores for both the pre- and post-assessments, along with your course completion certificate.

This course should take approximately 1 to 1-1/2 hours to complete, dependent on your current understanding of Medicare's coverage for pneumococcal and influenza vaccinations. After completing this course you should:

- Understand Medicare's coverage criteria for the PPV and influenza vaccinations;
- Understand Medicare's enrollment process for general and mass immunizers;
- Understand Medicare's reimbursement policy as it relates to the PPV and influenza vaccinations;

- Understand the various methods a provider may use to bill Medicare for PPV and influenza vaccinations (i.e., roster bill, HCFA-1500 claim form, and electronic transmission); and
- Understand the guidelines surrounding beneficiaries enrolled in a managed care program.

Throughout the course, on-screen text and images will be used to present course information. Along with these images and text, you will have an active menu at the right of your screen. This menu includes the Exit button, Course Map button, Glossary button, Menu button, and Options button, along with standard Previous and Next navigation buttons.

If any of these buttons are gray, it means that the button selection is not available at that time. For example, in the pre-assessment, the Course Map and Menu buttons are not active to ensure that you answer each question in the assessment, in chronological order, before continuing with your training.

At times in the course you will also see an Example button and a Print button.

**Example**

The Example button will activate a separate text window with information on the specific topic being presented.

**Print**

The Print button will send the current document to your printer.

There will be instances when you can click on other images within the course to obtain more information. Be sure to read the "prompt line" for instructions and information on when these additional images are available.

This Preliminary Knowledge Assessment will help you to gauge your understanding of Medicare's benefits for PPV and influenza vaccinations. After you have completed this assessment, you can enter the course from the Main Menu.

During this brief assessment, you will be asked to answer a series of questions. After you have answered all of the questions, you will be given feedback on your current knowledge of the course subject matter.

## Preliminary Knowledge Assessment

PPV and influenza vaccinations are covered under which program?

- Medicare Part A
- Medicare Part B
- Medicare Part C
- All of the above.

True or False? Typically, the PPV shot is administered only once in a lifetime. However, Medicare will provide coverage more often if the beneficiary is considered to be at "highest risk".

- True
- False

True or False? Any individual or entity meeting state licensure requirements may qualify to bill Medicare for furnishing and administering the PPV and influenza shots to beneficiaries enrolled in the Part B program.

- True
- False

When a Medicare beneficiary visits the office to receive a PPV or influenza shot, under what condition should the physician bill Medicare for the vaccination, the administration of the vaccination, and the office visit?

- When the purpose of the visit is unrelated to the injection.
- When the provider has a nurse administer the vaccine.
- When the provider submits all three codes on the claim.
- None of the above.

True or False? A non-participating provider is bound by a "limiting charge" when billing Medicare for the PPV and influenza vaccinations.

- True
- False

True or False? If "assignment is accepted on a claim that is submitted to Medicare for reimbursement of an influenza vaccination, the beneficiary will not incur an out of pocket expense.

- True
- False

What are Medicare mass immunizers?

- Physicians who have an affiliation with Medicare, and who provide numerous vaccinations to individuals enrolled in their healthcare organization.
- Medicare providers who offer PPV and influenza vaccinations to a large number of individuals.
- Any state licensed institution that has the ability to immunize large groups of individuals at a single time and location (such as at a health clinic or health fair).
- All of the above.

Are PPV and influenza roster bills identical?

- No. PPV and influenza roster bills are different in that you should use the HCFA-1450 form for billing influenza vaccinations and their administration and the HCFA-1500 form for billing PPV vaccinations and their administration.
- No. PPV and influenza roster bills are different in that PPV roster bills should have the following information preprinted: "WARNING - Ask beneficiaries if they have been vaccinated with PPV"; while this information is not required on influenza roster bills.
- No. PPV and influenza roster bills are different in that the influenza roster bill requires a Standing Order, and therefore cannot be billed using the roster billing methods.
- Yes, PPV and influenza roster bills are exactly the same.

True or False? It is acceptable for a mass immunizer who has subsidized a portion of the cost of the PPV and influenza vaccination from their budget to request a "donation" from the beneficiary and not submit a claim to Medicare.

- True
- False

When roster billing, it is appropriate to use a "signature on file" stamp under what condition?

- The beneficiary must give the provider permission to use this phrase.
- The provider has access to a signature on file in the beneficiary's records.
- The beneficiary has no power of attorney.
- None of the above

You have scored \_\_\_\_ correct on the Preliminary Knowledge Assessment.

To review the correct answers, click on the numbered boxes below. The red boxes indicate an incorrect answer, and the green boxes indicate a correct answer.

It is advised that you proceed through all of the sections of the course, beginning with Lesson One, to increase your understanding of Medicare's preventive benefits for PPV and influenza vaccinations.

After completing all of the course lessons, you can proceed to the Post-Course Knowledge Assessment. After completing this assessment, you can review your final score and receive your course certification.

Click the right arrow to begin your training.

Learn about adult immunizations from the following lessons:

- Coverage
- Enrollment
- Reimbursement Policy
- Billing Requirements - Individual and Roster
- Claim Examples
- Managed Care
- Post-Course Knowledge Assessment

### Coverage - Introduction

The first topic in this module deals with coverage issues. The following information outlines Medicare's policy on coverage for PPV and influenza vaccinations and their administration.

Both the influenza vaccine and PPV, as well as their administration are Part B covered services. Although these services can be billed to the Part A intermediary, the actual reimbursement is deducted from the Part B trust fund.

### PPV

Even though Medicare does not require a physician to be present during the administration of the PPV or influenza vaccination, unless the PPV is administered by a physician or under the supervision of a physician, Medicare requires either:

1. A prescription written specifically for the beneficiary who is receiving the PPV; or
2. A previously written physician order, also known as a standing order.

Providers who write standing orders must be in compliance with Medicare's guidelines. The standing order should specify that the individual providing the PPV must:

- Determine the person's age, health, and vaccination status;
- Obtain a signed consent;
- Administer an initial dose of PPV only to persons at high risk of pneumococcal disease. This group includes all individuals aged 65 or over; immunocompetent adults at increased risk of pneumococcal disease or its complications because of chronic illness (e.g., cardiovascular disease, pulmonary disease, diabetes mellitus, alcoholism, cirrhosis, or cerebrospinal fluid leaks); and individuals with compromised immune systems (e.g., splenic dysfunction or anatomic asplenia, Hodgkin's disease, lymphoma, multiple myeloma, chronic renal failure, HIV infection, nephrotic syndrome, sickle cell disease, or organ transplantation);
- Revaccinate only persons at highest risk of serious pneumococcal infection. This group includes persons with functional or anatomic asplenia (e.g., sickle cell disease, splenectomy), congenital immunodeficiency, HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome, or other conditions associated with immunosuppression such as organ or bone marrow transplantation, and those receiving immunosuppressive chemotherapy and those likely to have a rapid decline in pneumococcal antibody levels, provided that at least five years have passed since receipt of a previous dose of PPV. It is also appropriate for the provider to revaccinate those beneficiaries who are uncertain as to whether they have been vaccinated within the last five years; and
- Provide a record of vaccination to the patient.

Unlike the seasonal influenza vaccine, the PPV should be administered only once in a lifetime to high-risk individuals. Revaccination of persons 65 and older who are not at "highest risk" is not appropriate. According to Medicare's coverage policy, before administering the PPV vaccine to beneficiaries, you must first determine if they have already been vaccinated for the virus.

If the beneficiaries are uncertain whether they have been vaccinated within the past five years, it is appropriate to administer the vaccine. If, on the other hand, the beneficiaries are certain they have been vaccinated within the past five years, do NOT revaccinate. It is not necessary for beneficiaries to provide proof in writing showing their vaccination status, nor is it necessary for the provider to review the beneficiary's medical records.

### Influenza

Medicare generally pays for one influenza vaccine per season. The season is defined as October - March. This may mean that a beneficiary will receive more than one influenza vaccine within a 12-month period. For example, a beneficiary may receive an influenza vaccination in December 1999 for the 1999/2000 influenza season and another influenza vaccination in October 2000 for the 2000/2001-influenza season. In this case, Medicare will pay for both shots because the beneficiary received only one influenza shot per season. Medicare will pay for more than one influenza vaccination per influenza season if it is reasonable and medically necessary.

Generally, Medicare covers one influenza vaccine per

- Year
- Month
- Flu Season
- Lifetime

Before vaccinating a beneficiary for PPV, you must first determine what?

- His or her age.
- His or her vaccination status.
- His or her exposure to pneumonia.
- None of the above.

Unless the PPV is administered by a physician or under the supervision of a physician, Medicare requires either a written prescription or a ...

- Standing Order
- Specialist's opinion
- High-Risk identification card
- None of the above

## Coverage

You have now completed the section on coverage for PPV and influenza vaccinations and their administration.

To continue the course, click the right arrow and choose Enrollment from the menu.

## General Enrollment Guidelines for Practitioners

If you are interested in billing Medicare for reimbursement of services that you provide to beneficiaries, you must first apply for a Medicare provider number. This process is easy - simply follow the instructions for completing HCFA's 855 general enrollment application (a copy of the HCFA-855 form is available at your local Medicare contractor). The "Contracts" section of HCFA's web site at [www.medicare.gov](http://www.medicare.gov) will provide you with a listing of Medicare contractors and their telephone numbers. Your contractor will also provide you with assistance in completing this form correctly.

When filling out this form, ensure that you complete all applicable sections. Afterwards, carefully review each completed portion for accuracy. Once all applicable fields are completed, send the form, along with the required documentation, to your local contractor's provider enrollment department and allow 6-8 weeks for processing. Finally, ensure that signatures are obtained from the appropriate authorized officials.

Once Medicare processes and approves your application, your provider number will be sent to the address specified on your application. After you receive your provider number, you may then begin submitting claims to Medicare for reimbursement.

This process is required for those providers who submit claims to Medicare via the paper HCFA-1500 claim form as well as those who transmit their claims electronically.

NOTE: A certified non-physician practitioner licensed by a state agency who provides PPV and influenza vaccinations and is employed by a physician, may use the physician's provider number if the physician is on the premises at the time the services are provided. However, if the certified non-physician practitioner (e.g., a nurse is "moonlighting", administering PPV or influenza vaccinations at a shopping mall at his/her own direction and not that of a physician), the certified non-physician practitioner MUST obtain his/her own provider number and bill the carrier directly.



## Enrollment for Mass Immunizers

Medicare providers who offer PPV and/or influenza vaccinations to a large number of individuals are called mass immunizers. Mass immunizers can be either traditional Medicare providers such as hospital outpatient departments, or non-traditional providers such as senior citizens' centers or public health clinics.

Through mass immunizer status, healthcare providers can offer PPV and influenza vaccinations in mass quantities to Medicare beneficiaries.

Currently, the enrollment process for mass immunization applies only to providers that will:

- Bill a carrier;
- Use roster bills; and
- Bill only for PPV and/or influenza vaccinations.

(A more detailed discussion is presented in Lesson 4: Billing Requirements - Individual and Roster)

If you are billing for mass immunizations only, completion of the entire HCFA-855 form is not required. You must, however, answer the general application questions and fill out the rest of the HCFA-855 using the following guidelines:

- Section 1A, enter "roster" under primary specialty if the provider is an individual, or enter "roster" under type of facility in Section 1B if the provider is an organization.
- Section 1D, complete the appropriate blocks.
- Section 2, complete and attach notarized or "certified true" copies of the appropriate license, certification, or registration information.
- Section 5, complete the appropriate blocks.
- Section 6, complete the appropriate blocks, enter "N/A" if not applicable. It is not necessary to include the location of every immunization clinic when held around the community in public buildings. However, if establishing a dedicated full-time facility for immunizations, this section must be completed for each facility.
- Section 7, complete the appropriate blocks, enter "N/A" if not applicable.
- Section 8, complete the appropriate blocks, enter "N/A" if not applicable, attach a copy of IRS form CP 575 to verify the employer identification number (EIN).
- Sections 9, 12, 13, 14 and 15 complete the appropriate blocks, enter "N/A" if not applicable.
- Sections 17 and 18 must be completed.

Remember, if you wish to bill for other Part B services, you must enroll as a regular provider or supplier by completing the entire HCFA-855 form.

Once all applicable fields are completed, send the form along with any required documentation to your local contractor's provider enrollment department and allow 6-8 weeks for processing. Once Medicare processes and approves your application, your provider number will be sent to the address specified on your application. After you receive your provider number, you may then begin submitting claims to Medicare for reimbursement.

You have just completed the Enrollment section of this course. Click the right arrow to continue the course and complete the Lesson Review.

### Lesson Review

True or False? The mass immunizer enrollment process currently applies to entities that will (1) bill a carrier, (2) use roster bills, and (3) bill only for PPV and/or influenza vaccinations.

- True
- False

Providers who want to bill Medicare only when they "mass immunize" must:

- Still enroll in the Medicare Program.
- Complete an "Exempt" form that will waive Medicare's enrollment process.
- Complete the entire HCFA 855 general enrollment form just as any other provider who wants to enter the program.
- None of the above.

True or False? Providers who submit claims to Medicare electronically do not have to complete the entire HCFA-855 general enrollment application.

- True
- False

Which form should be completed if a provider simply wants to enroll in the Medicare program?

- HCFA-855 application form
- HCFA-1500 claim form
- Medicare participation agreement form
- None of the above

*Congratulations. You have now completed the Enrollment lesson.*

*Click the right arrow to continue, and select Reimbursement Policy from the Menu.*

### Adult Immunizations - Reimbursement Policy

#### Reimbursement Policy - Introduction

*The previous section outlined guidelines on Medicare's enrollment process in general as well as the enrollment process for mass immunizers.*

*This section will outline Medicare's payment policy as it relates to the PPV and influenza vaccinations.*

It is Medicare's policy to pay 100% of its approved charge or the provider's submitted charge, whichever is lower, when reimbursing for PPV and/or influenza vaccinations. Neither the \$100 annual deductible nor the 20% co-insurance is applicable. Therefore, if a beneficiary receives a PPV or influenza vaccination from a provider who agrees to accept assignment (i.e., agrees to accept Medicare's payment as payment in full), there is no out-of-pocket expense for the beneficiary. If, on the other hand, a beneficiary receives a PPV or influenza vaccination from a non-participating provider who does NOT accept assignment, the physician may collect his or her usual charge (i.e., the amount charged to all patients including those who are not Medicare beneficiaries). Keep in mind that if a provider does not accept assignment, he/she may not roster bill for the service.

Participation providers that accept assignment must bill Medicare if they charge a fee to cover any or all costs related to the provision and/or administration of the PPV or influenza vaccine. Non-participating providers who do not accept assignment must submit a non-assigned claim to Medicare on the beneficiary's behalf. Additionally, these providers may collect payment in full from the beneficiary at the time the service is provided. However, they may NOT collect payment for an immunization from a beneficiary and then instruct the beneficiary to submit the claim to Medicare for payment. Medicare law requires that physicians, providers and suppliers submit a claim for services to Medicare Part B on the beneficiary's behalf.

## Limiting Charge

The "limiting charge" provision does not apply to the PPV or influenza benefit. Only items and services paid through the Physician Fee Schedule (and certain other items and services as specified by Congress) are subject to the statutory limiting charge. The PPV and influenza vaccine and their administration are neither paid through the physician fee schedule nor otherwise restricted by the "limiting charge" provision of the law. A change in Medicare law would be required in order for the PPV and influenza vaccine (and their administration) to be covered under the limiting charge provision.

Likewise, the 5% payment reduction for physicians who do not accept assignment does not apply to the PPV and influenza benefit. Only items and services covered under the limiting charge are subject to the 5% payment reduction. In any case, Medicare law (§1128 [b] 6 [A] of the Social Security Act) states that a provider may not charge a Medicare beneficiary more for an immunization than he or she charges a non-Medicare patient.

## Allowed Amounts

Medicare's allowed amount for the PPV and influenza vaccine is determined as it is for any other drug [i.e., Medicare pays the lower of the actual charge or 95% of the median average wholesale price (AWP)]. Therefore, a provider whose actual charge is the same as 95% of the AWP will receive the 95% of the AWP, and a provider whose actual charge is less than 95% of the AWP will receive the lower payment. Since the average payment rate for PPV or influenza vaccine for each carrier is the average of all payments for the vaccine made in that carrier's jurisdiction, each carrier's average rate varies depending upon how many providers have charged less than the AWP.

Medicare's reimbursement for the administration of the PPV and influenza vaccine is linked to payment for services under the physician fee schedule. The charge for the administration is the lesser of the actual charge or the fee schedule of any therapeutic or diagnostic injection administration. And since fee schedules are adjusted for each Medicare payment locality, there is some variation in the payment amount nationwide. Additionally Medicare will pay twice for the administration fee if a beneficiary receives both the PPV and the influenza vaccine on the same day.

The following administration codes may be paid in addition to other services and are NOT subject to rebundling charges:

| Code  | Description                               |
|-------|---|
| G0008 | administration of influenza virus vaccine |
| G0009 | administration of pneumococcal vaccine    |

## E/M Services and Immunizations

Because there are specific codes established for reporting PPV and influenza vaccinations and their administration, when a physician sees a beneficiary for the sole purpose of administering the PPV or influenza vaccine, he or she may NOT routinely bill for an E/M visit. But if the beneficiary actually receives other services constituting an E/M service, the physician may bill for the visit and Medicare will pay for the vaccination in addition to the visit (if the purpose of the visit is reasonable and medically necessary).

## Additional Rules

There are additional rules that govern those providers who bill Medicare for PPV and influenza vaccinations.

In instances where portions of the cost of the PPV and/or influenza immunizations are subsidized from the administering entity's budget, the entity may bill Medicare only for the amount that is not subsidized.

Sometimes, an entity received donated PPV or influenza vaccinations, or a provider's professional services (administration of the vaccinations) may be donated. In these cases, the provider may bill Medicare for the portion of the vaccination that was not donated.

## "Free" Vaccinations

Lately, there has been some concern regarding the confusion caused by advertising the PPV and influenza vaccine as "free". The confusion comes about when beneficiaries later receive an Explanation of Medicare Benefits (EOMB) or Medicare Summary Notice (MSN) after being vaccinated at an advertised "free" vaccination location. Oftentimes, the beneficiary contacts their carrier to report fraudulent billing. For this reason, providers who accept assignment may advertise that there will be no charge to the beneficiary, but they should make it clear that a claim will be submitted to Medicare on their behalf.

On the other hand, providers who do not accept assignment should never advertise the service as free since, in most cases, there will be an out-of-pocket expense for the beneficiary after Medicare considers the claim for payment.

You have now completed the section on Medicare's reimbursement policy. Please continue with the lesson review, then click the right arrow to continue on to Medicare Billing.

## Lesson Review

True or False? If a beneficiary receives a PPV or influenza vaccine from a provider who agrees to accept assignment, there is a minimal out-of-pocket expense for the beneficiary.

- True
- False

According to Medicare law, who should submit a claim for the PPV or influenza vaccination given to a beneficiary by a non-participating provider?

- The beneficiary should submit the claim.
- The physician, provider or supplier should submit the claim.
- The physician, provider, or supplier AND the beneficiary should submit claims separately.
- None of the above.

True or False? Medicare will pay the administration fee for the PPV and the influenza vaccine for a single beneficiary if he is vaccinated with both on the same day.

- True
- False

True or False? When a participating provider bills Medicare for the PPV or influenza vaccination, the beneficiary incurs no out-of-pocket expense.

- True
- False

True or False? Medicare's reimbursement of the PPV and/or influenza vaccination is the same, regardless of the location of the carrier (i.e., Florida, Texas, California, etc.)

- True
- False

True or False? If a portion of the PPV, influenza vaccine, or a provider's professional service (administration) is donated, mass immunizers may NOT bill Medicare for the remaining portion of the vaccine.

- True
- False

*You have now completed the Reimbursement Policy lesson.*

*Click the right arrow to continue your training, and choose Billing Requirements from the menu.*

### Billing Requirements - Introduction

*This lesson of the Adult immunizations course outlines the billing requirements that are set forth by Medicare. This lesson covers routine billing, HCFA-1500 and HCFA-1450 claims filing requirements, roster billing and points of special interest as they relate to Medicare's coverage of the PPV and influenza vaccinations. Click the right arrow to begin.*

### General

Any individual or entity meeting state licensure requirements and properly enrolled in the Medicare program may qualify for reimbursement from Medicare for furnishing and administering the PPV or influenza vaccines as long as certain Medicare Coverage and payment requirements are met.

When non-physician practitioners who have their own Medicare provider number administer these immunizations, Medicare does not require a physician to be present. However, all state and local laws must be adhered to in order for the vaccination and administration to qualify for Medicare coverage. Some State laws may require a physician's presence, a physician's order, or other physician involvement.

### Routine Billing for the PPV and Influenza

The first thing to remember when completing HCFA-1450 and HCFA-1500 claim forms is that providers should bill in accordance with the bill completion instructions in provider manuals, and that additional instructions, specific to the PV and influenza benefits, are required. The following information outlines the codes specific to the vaccinations and their administration.

The following procedure codes should be used for the influenza vaccines:

| <u>Code</u> | <u>Description</u>   |
|-------------|--|
| 90657       | Influenza virus vaccine, split virus, 6- 35 <u>months</u> dosage, for intramuscular use or for jet injection |
| 90658       | Influenza virus vaccine, 3 <u>years</u> and above dosage, for intramuscular use or for jet injection.        |

|       |  |
|-------|--|
| 90659 | Influenza virus vaccine, split virus, whole virus, for intramuscular use or for jet injection. |
| G0008 | Administration of influenza virus vaccine.   |

The following diagnosis code should be used if the sole purpose for the visit is to receive the influenza vaccine:

| <u>Diagnosis Code</u> | <u>Description</u>    |
|-----------------------|-----------------------|
| V04.8                 | Influenza Vaccination |

The following procedure codes should be used for PPV vaccine:

| <u>Code</u> | <u>Description</u>   |
|-------------|--|
| 90669       | Pneumococcal conjugate vaccine, polyvalent, for intramuscular use only (non-covered)                       |
| 90732       | Pneumococcal polysaccharide vaccine, 23-valen, adult dosage, for either subcutaneous or intramuscular use. |
| G0009       | Administration of Pneumococcal vaccine   |

The following diagnosis code should be used if the sole purpose for the visit is to receive the PPV vaccine:

| <u>Diagnosis Code</u> | <u>Description</u>       |
|-----------------------|--------------------------|
| V03.82                | Pneumococcal Vaccination |

*Diagnosis code V03.82 should be used if the sole purpose for the visit is to receive the PPV vaccine. However, there are situations when the beneficiary visits their physician for a specified reason (i.e., pain in shoulder) and while in the office, a determination is made to provide the beneficiary with their PPV vaccination. In this case, diagnosis code 719.41 (pain in shoulder) should be placed in block 21 of the HCFA-1500 claim form. Additionally, the pointer code (i.e., 1, 2, 3, etc.) that references 719.41 should be placed in block 24E on the form on the same line item as the procedure code for the visit. The provider should also reflect diagnosis code V03.82 in block 21 and the pointer code V03.82 should be placed in block 24E on the same line item as the PPV vaccination.*

*Likewise, there may be a situation where the beneficiary visits their physician for a specified reason (i.e., pain in shoulder) and while in the office, a determination*



*is made to provide the beneficiary with both the influenza and the PPV vaccinations. In this case, diagnosis codes 719.41 (pain in shoulder), V04.8 (influenza vaccination), and V03.82 (pneumococcal vaccination) should be placed in block 21 of the HCFA-1500 claim form. Additionally, the pointer code (i.e., 1, 2, 3, etc.) that references 719.41, V04.8, and V03.82 should be placed in block 24E on the same line item as the procedure code of the service that it represents.*

### HCFA-1500 Claim Filing Requirements

When billing PPV and influenza vaccinations, it is Medicare's policy that non-traditional providers bill the carrier if they meet state licensure requirements to furnish and administer these vaccinations. Non-traditional providers and suppliers include, but are not limited to, the following: drug stores, senior citizen centers, shopping malls and self-employed nurses. Both traditional and non-traditional providers are all entitled to bill the carrier and receive reimbursement for providing PPV and influenza vaccinations.

When billing Medicare using the HCFA-1500 claim form, be certain to complete all applicable fields. For all PPV or influenza vaccination claims submitted to a carrier, item 11 of the pre-printed HCFA-1500 should show "NONE". Additionally, if billing for the PPV and/or its administration, be sure to include the treating physician's name and Unique Physician Identification Number (UPIN) in blocks 17 and 17a of the claim form.

It is acceptable to include other services on the same form as your immunization(s). However, when listing additional services on the HCFA-1500 claim form, it is important to indicate all applicable diagnosis codes in block 21, and the appropriate pointer code(s) in block 24E. If the procedure code on a specific line item is not payable with the diagnosis code referenced in block 24E on that same line, the service can potentially be denied payment. If a denial of this type is received, the provider will have to resubmit the claim correlating the appropriate diagnosis code to the appropriate procedure code, thus delaying payment to the provider.

### HCFA-1450 Claim Filing Requirements

Your provider type determines whether you should submit your claim(s) for reimbursement of a vaccination to the carrier or the intermediary. With the exception of hospice providers, certified Part A providers must submit their claims to their intermediary. Hospice providers and non-Medicare participating provider facilities must submit their claims to their local carrier.

Your provider type determines whether you should submit your claim(s) for reimbursement of a vaccination to the carrier or the intermediary. With the exception of hospice providers, certified Part A providers must submit their claims to their intermediary. Hospice providers and non-Medicare participating provider facilities must submit their claims to their local carrier.

Note: Home Health Agencies (HHAs) that have a Medicare-certified component and a non-Medicare certified component may elect to furnish the PPV and influenza benefit through the non-certified component and bill the Part B carrier.

As a general rule, the following providers of services may bill their intermediary for reimbursement of the PPV and influenza vaccines:

- Hospitals;
- Skilled Nursing Facilities (SNFs);
- Christian Science Sanatoriums (CSSs);
- Rural Primary Care Hospitals (RPHs);
- Home Health Agencies (HHAs);
- Comprehensive Outpatient Rehabilitation Facilities (CORFs);
- Rural Health Clinics (RHCs);
- Federally Qualified Health Centers (FQHCs);
- Outpatient Physical Therapy (OPT) providers; and
- Independent Renal Dialysis Facilities (RDFs).

NOTE: Providers that bill the Medicare intermediary for reimbursement of vaccinations may submit their claims electronically.

When utilizing the HCFA-1450 claim form, applicable bill types are: 14X 22X, 23X, 34X, 42X, 52X, and 71X (provider-based Rural Health Clinics [RHCs] only), 72X and 73X (provider-based Federally Qualified Health Centers (FQHCs) only), 74X, 75X, 83X, and 85X. When the PPV or influenza vaccine is administered to a dialysis patient, regardless of location, or when the PPV or influenza vaccine is administered in a hospital-based renal dialysis facility, the hospital should bill the intermediary using bill type 13X.

### Revenue/Procedure Codes

Providers who submit claims to the intermediary for reimbursement of the PPV and influenza vaccines should use revenue code "636" for the vaccine, and "771" for its administration. The appropriate procedure code (i.e., 90657, 90758, 90669, etc.) should be submitted in addition to the revenue code.

Independent RHCs are required to use revenue code "521" together with the appropriate procedure code when billing Medicare for the influenza and/or pneumococcal vaccination. RHCs adhere to guidelines in section §614 of the

RHC/FQHC Manual, and do not include charges for the vaccine or its administration on the HCFA-1450. Instead, payment is made at cost settlement

Diagnosis Codes:

The same diagnosis code(s) that a provider uses when submitting the influenza and/or the pneumococcal vaccination to Medicare on the HCFA-1500 claim form are applicable when submitting these vaccinations to Medicare on the UB-92 claim form.

In order to submit a claim for PPV and influenza vaccinations, all mass immunizers must complete a preprinted HCFA-1450 or HCFA-1500 claim form for each type of vaccination administered. Each HCFA-1450 or HCFA-1500 must have an attached roster bill listing the beneficiaries who received that type of vaccination. All additional information required on a roster bill must also be completed in order for Medicare to consider the claim for payment.

Be aware that roster bills used for PPV and influenza are not identical. A standing order is required for the PPV, and the following reminder to providers should be printed on the PPV roster bill:

**WARNING:** Ask beneficiaries if they have been vaccinated with PPV

- Rely on patient's memory to determine proper vaccine status
- If patients are uncertain whether they have been vaccinated within the past 5 years, administer the vaccine
- If patients are certain they have been vaccinated within the past 5 years, do not revaccinate
- If the roster bill form is not printed with this warning, it should be used only for influenza vaccinations.

For providers who bill their fiscal intermediary for reimbursement of the PPV and influenza vaccinations, five beneficiaries per day must be immunized in order to use the roster billing method. However, this requirement is waived for inpatient hospitals that mass immunize and utilize the roster billing method.

For providers who bill their carrier, immunization of at least five beneficiaries on the same date is no longer required for any individual or entity to qualify for roster billing. However, rosters should not be used for single patient bills, and the date of service for each vaccination administered must be entered on the bill.

There are some general guidelines for properly completing a Medicare roster bill for mass immunizations. These guidelines are as follows:

1. For providers using roster billing for PPV and influenza vaccines and/or their administration, when using the HCFA-1500 claim form, the following blocks can be preprinted:
  - Block 1 (Medicare);
  - Block 2 (See Attached roster);
  - Block 11 (None);
  - Block 20 (No);
  - Block 21 (V04.8);
  - Block 24b (Use appropriate POS code);
  - Block 24d [90657, 90658, 90659, 90732, 90669, G0008 and G0009 (separate line items for each)];
  - Block 26 (Yes); and
  - Block 29 (0).
2. Physician Identification - The name of the ordering physician and their Unique Provider Identification Number (UPIN) is required on the HCFA-1500 for PPV claims. Because a standing order is required, the name of the physician who wrote the standing order and their UPIN should be placed in blocks 17 and 17a of the HCFA-1500.
3. Unit Cost--In block 24F of the pre-printed HCFA-1500 form, providers should reflect the unit cost, not the total amount for all patients, since Medicare contractors will have to replicate the claim for each beneficiary listed on the roster.
4. Public Health Center Mobile Units--A Public Health Clinic (PHC)-affiliated mobile unit should use POS code "71" unless vaccinations are administered in a mass immunization setting.
5. Other Mass Immunization Settings--ALL entities that administer vaccinations in a mass immunization setting should use POS code "60" (Mass Immunization Center), regardless of the setting. A mobile unit not affiliated with a PHC and not using a mass immunization setting should use POS code "99" (other).
6. Information for Beneficiary/Patient Roster Form--The following information should be included on a patient roster form that will be attached to a pre-printed HCFA-1500 under the simplified roster billing procedures: Patient Name and Address; Health insurance Claim Number; Date of Birth; Sex; Date of Service; Signature or stamped "Signature on File"; and Provider's Name and Identification Number.

7. Billing for Other Services on Pre-printed HCFA-1500--Other services should not be listed on a pre-printed HCFA-1500 claim form intended for billing the PPV or influenza vaccine and their administration. Other covered services are subject to more comprehensive data requirements that the roster billing process is not designed to accommodate. These services should be billed using normal Part B claims filing procedures and forms.
8. Signature on File Stamp--A signature on file stamp or notation qualifies as a signature on the roster in cases where the provider has access to a signature on file in the beneficiary's record (e.g., when the vaccine is administered in a physician's office). Inpatient/Outpatient departments of hospitals and outpatient departments of other facilities may use a signature on file stamp or notation if they have access on file in the beneficiary's record.

It is the responsibility of the carrier to develop suitable roster forms that meet provider and carrier needs and contain the minimum data necessary to satisfy claims processing requirements for these claims. However, the format of the beneficiary roster can be modified to meet the needs of individual providers.

#### Separate Billing for Vaccine and Administration

In some instances, two entities, such as a grocery store and a pharmacy, may jointly sponsor a PPV or influenza vaccination clinic. Assuming that a charge is made for both the vaccine and its administration, the entity that furnishes the vaccine and the entity that administers the vaccine and the entity that administers the vaccine are each required to submit claims. Both parties must file separately for the specific component furnished for which a charge was made.

When billing only for the administration of the vaccine, providers should indicate in block 24D of the HCFA-1500 claim form that they did not furnish the vaccine. When using the roster billing method, this can be accomplished by lining through the pre-printed information in block 24D that was not furnished by the billing entity or individual.

The roster billing criteria will not be changed to include mass immunizers that do not accept assignment. The decision to permit mass immunizers to roster bill was made to ensure that the beneficiaries would receive PPV and influenza vaccinations but would not incur out-of-pocket expenses.

### Points of Special Interest for Mass Immunizers

There are two universal rules that apply to all mass immunizers, regardless of the provider's classification (i.e., hospital, physician, home health organization, etc.). First, all mass immunizers must submit claims on roster bills. Second, mass immunizers must accept assignment - that is, accept Medicare's allowed amount as their payment in full.

Aside from these blanket rules, there are several guidelines that are specific to the type of provider organization that you are involved with.

- State and Local Government: (such as public health clinics) may bill Medicare for immunizations given to beneficiaries even if they provide immunizations free to all patients, regardless of their ability to pay.
- Non-governmental agencies: providers, physicians or suppliers that furnish immunizations free of charge to all patients, regardless of their ability to pay, must also furnish the immunization free of charge to Medicare beneficiaries and may not bill Medicare (see Medicare Carriers Manual, Part 3, §§2306).
- A non-governmental entity that does not charge patients who are unable to pay or reduces its charge for patients of limited means (sliding fee scale) but does expect to be paid if a patient has health insurance which covers the items or services provided, may bill Medicare and receive payment from the Medicare program. However, these providers may not charge the Medicare program more than they would charge other payers.

You have now completed the section on Billing Requirements - Individual and Roster. Please click on the right arrow to continue with the lesson review.

### Lesson Review

The name of the ordering physician and their Unique Physician Identification Number (UPIN) is required...

- When billing Medicare for PPV.
- When billing Medicare for the influenza vaccination.
- When billing Medicare for both PPV and influenza vaccinations.
- When billing Medicare for any vaccination.

True or False? For the purposes of billing Medicare for the PPV or influenza benefit, any individual or entity meeting state licensure requirements may qualify for reimbursement.

- True
- False

Which of the following statements is NOT correct?

- When roster billing, ensure that the date of service is reflected on the roster.
- When roster billing, Medicare Part B requires at least five beneficiaries per roster.
- When roster billing, Medicare Part B requires providers to submit more than one beneficiary per roster.
- None of the above.

True or False? A signature on file stamp or notation qualifies as a signature on a roster claim.

- True
- False

True or False? When billing Medicare using the "roster billing" method, a provider who administers a PPV can use a roster that is designed for billing the influenza vaccine.

- True
- False

When using the roster billing method, services other than PPV and influenza vaccinations should not be submitted on the pre-printed HCFA-1500 claim form.

- True
- False

### Billing Requirements

You have now completed the Medicare's Billing Policy section. Click on the right arrow to continue.

## Claim Examples - Introduction

There are significant differences in billing pneumococcal and influenza vaccinations for an individual patient versus using the roster billing method for multiple patients. For example, when billing for an individual patient using the HCFA-1500 claim form, the provider should NOT have any information pre-printed on the claim form. And, prior to submitting the claim to their local Medicare claims processing department, the provider must ensure that all applicable fields are completed.

On the other hand, when roster billing for multiple patients using the HCFA-1500 claim form, block 2 of the form must be pre-printed with "See Attached Roster". In addition, there are eight other blocks that should be pre-printed when utilizing this method (we will review these blocks a little later in the session). The following lesson in this course allows you to see a real Medicare claim form and roster bill. You will be able to practice completing these forms. To get started, click the right arrow.

## Claims

This week, we have vaccinated Margaret Smith, James Young, and Barry Hamilton with the PPV vaccine. Each vaccine cost \$6.50, but since we had a budget allowance covering \$2.50, the cost that we will submit to Medicare is \$4.00. Margaret, James, and Barry were vaccinated on Monday, June 7<sup>th</sup>; therefore all three vaccinations and their administration can be included on the same roster bill. So, all we need to do now is submit a pre-printed claim form along with a completed roster bill.

## Claims

The HCFA-1500 form has numerous blocks that must be completed when submitting a claim. However, when using the roster billing method, Medicare only requires certain blocks to be completed. In addition, the information in these blocks can be pre-printed to aid in the efficiency, and to cut down on filing errors. In fact, when submitting the HCFA-1500 form, the following blocks can be pre-printed - Blocks 1, 2, 11, 20, 21, 24B, 24D, and 29.

## Exercise

The following is the HCFA-1500 claim form. For this exercise, are going to practice completing the required fields when billing Medicare for the PPV and/or the influenza vaccine using the roster billing method (remember, these fields can be pre-printed).



The first step in filling out this claim is to designate it as a claim that will be used when billing Medicare for the PPV and/or influenza vaccine using the roster billing method.

Using your keyboard, type in "See Attached Roster" in block 2 of this form and press ENTER or RETURN on your keyboard.

Choose the appropriate code for the PPV vaccine and place in block 24D of the claim form:

Now that we have identified the proper procedure code for the PPV vaccine, it is time to indicate the number of units billed, and the price per unit for the vaccine.

Type in the correct number of units (or vaccines administered) in block 24G of the claim form and press ENTER on your keyboard.

Now that we have included the appropriate number of units billed, we must now complete block 24F indicating the unit price of the vaccination. Remember that although the vaccine's actual cost is \$6.50, we have a budget allowance covering \$2.50 of the total cost.

Using your keyboard, type in the correct unit cost in block 24F. Be sure to use the \$ sign when typing the cost in block 24F.

Now that we have entered the correct information onto the claim form for the vaccine, we must also enter all our charges for the administration of the vaccine. Notice that the correct information is filled in on line 2 of the claim form, in all of the necessary blocks.

But, someone has not completed this form correctly. Notice block 24F shows that there were three vaccines administered at a price of \$4.00 per vaccine? That is correct. But, remember that this form needs the individual cost, not total cost, per vaccine.

Now, select the correct amount for block 24F of the claim form:

- \$ 4.00
- \$12.00
- 8.00
- \$16.00

## Claim Examples - Claims

Now that you have completed the HCFA-1500 claim form, you must complete the Pneumococcal Pneumonia Virus vaccine roster. Remember that for PPV vaccinations, a standing order is required, and the form should be pre-printed with the appropriate warning.

The first thing to remember when completing a vaccine roster is that the form must be filled out completely. This includes: Patient's name and address; Health Insurance claim number; date of birth; sex; date of service; signature or stamped "Signature on File"; and Provider's name and identification number.

## Exercise

For this exercise, let's assume that our office manager is billing Medicare for the PPV. To make our jobs a bit easier, she is using a pre-printed HCFA-1500 claim form. But, even though a portion of the form is complete, there is more information needed in order for the form to be in compliance with Medicare guidelines.

For example, the name of the ordering physician and his/her UPIN must be entered on the claim form. This information must match that of the physician who wrote the standing order for the PPV vaccinations.

In which blocks do the ordering physician's name and UPIN belong?

- 1 and 1a
- 9 and 9A
- 11 and 11a
- 17 and 17a

Congratulations. You have now completed the Claim Forms Lesson.

Click the right arrow to continue, and choose Managed Care from the Menu to continue the course.

## Managed Care - Introduction

The following Lesson provides information on Medicare's managed care guidelines as they relate to the PPV and influenza vaccinations and their administration.

Once you have completed this lesson, you will have completed the course. Click the right arrow to continue with this lesson.

## Basic Procedures

Medicare has instituted standard basic procedures for managed care services. These procedures are easily recognized, and must be followed in order to qualify for Medicare coverage and reimbursement of PPV and influenza vaccinations. The basic procedures for managed care services are easily divided into two main categories: HMOs that furnish the vaccinations to non-member Medicare beneficiaries, and HMOs that furnish the vaccinations only to Medicare beneficiaries enrolled in the managed care plan.

For HMOs that furnish PPV or influenza vaccinations to non-member Medicare beneficiaries, the guidelines are simple - the provider **MUST** bill the carrier. The carrier will then issue a provider number to the HMO. After the provider number is issued, the HMO may use roster billing only if the vaccinations are the sole Medicare-covered services furnished by the HMO to non-member Medicare beneficiaries.

For HMOs providing the PPV and influenza benefits only to Medicare beneficiaries enrolled in their managed care plan, the guidelines are a bit more complex. For example, for beneficiaries enrolled in a COST HMO, the beneficiary may choose to receive all of their care through the plan's doctors, hospitals, and other health care providers, or they may choose to receive their medical care from any other health care provider who participates in the Medicare program. However, if beneficiaries do not choose a plan health care provider, they are responsible for paying any co-insurance and deductible amounts associated with such care.

On the other hand, beneficiaries enrolled in a RISK HMO must receive all of their care through the plan's doctors, hospitals, and other health care providers, except for emergency care and unforeseen out-of-area care. This is referred to as "locked-in".

Beneficiaries enrolled in Medicare contracted HMOs that are "locked-in" generally must obtain the PPV or influenza vaccination through plan providers, or they will have to pay for the shot themselves. HMO enrollees should check with their plan to determine if they are "locked-in" to plan providers for their PPV and/or influenza vaccination. If they are not "locked-in", they may obtain the vaccination from any qualified provider.

You have now completed the Managed Care lesson. Click the right arrow to complete the Lesson Review.

## Lesson Review

True or False: HMOs that furnish PPV or influenza vaccinations to non-member Medicare beneficiaries should bill the carrier.

- True
- False

True or False: Medicare will not reimburse a non-HMO provider for PPV and influenza vaccinations for beneficiaries enrolled in a risk HMO.

- True
- False

## Managed Care

Congratulations. You have now completed the Managed Care lesson.

Click the right arrow to continue and choose Post-Assessment from the Menu to take the Post Course Knowledge Assessment and receive your completion certificate.

## Adult Immunizations

Learn about adult immunizations from the following lessons:

- Coverage
- Enrollment
- Reimbursement Policy
- Billing Requirements - Individual And Roster
- Claim Examples
- Managed Care
- Post-Course Knowledge Assessment

## Post-Course Knowledge Assessment

You should now have completed the entire course on Adult Immunizations. The next step toward getting your course completion certificate is to take the post-assessment.

If you feel like you need to brush up on any of the information that we have covered, you should do so now. Once you have begun the assessment, you will not be able to go back into the course material until you have completed the assessment.

After you have completed the assessment, you will be given feedback on which questions you answered correctly, and you will have the option to print your "Progress Report" which contains the scores from both your pre- and post-assessment.

You may take the post-assessment as often as you like until you feel comfortable with your score.

To begin the assessment click the right arrow. To return to the course material, choose the Menu button.

### Post-Course Knowledge Assessment

When roster billing, it is appropriate to use a "signature on file" stamp under which condition?

- The beneficiary gives the provider permission to use this phrase.
- The provider has access to a signature on file in the beneficiary's records.
- It is never appropriate to use a "signature on file" stamp when roster billing.
- The patient is unable to sign the claim form.

Mass Immunizers who have subsidized part of the cost of the PPV or influenza vaccination from their budgets should bill Medicare in which manner?

- Bill Medicare for the entire cost of the immunization even though a portion of the cost came from the provider's budget.
- Bill Medicare only the amount that was not subsidized from the budget.
- Because a portion of the cost came directly from the provider's budget, this is never appropriate when roster billing.
- None of the above.

If "assignment" is accepted on a claim that is submitted to Medicare for reimbursement of an influenza shot, how much should the beneficiary expect to pay the provider?

- The beneficiary should expect to pay 20% of Medicare's allowed amount for the influenza shot.
- Since Medicare reimburses 100% of its allowed amount for the influenza vaccination, the beneficiary should not expect to incur an out-of-pocket expense.
- The beneficiary should expect to pay only the unmet deductible, if any.
- None of the above.

Non-participating providers receive a 5% payment reduction (in comparison to reimbursement of participating providers). Why is this rule not so when billing for the PPV and influenza vaccinations?

- This rule only applies to services that are billed to Medicare Part A.
- This rule only applies to services that are bound by a "limiting charge".
- This rule only applies to office visits and laboratory services.
- None of the above.

Under what condition will Medicare reimburse a physician for an office visit in addition to the PPV or influenza vaccination and its administration?

- The physician's nurse must administer the vaccine while the physician examines the beneficiary.
- The office visit must be a separate and identifiable procedure (i.e., the office visit is being billed for a condition that is totally unrelated to the vaccination).
- The beneficiary must request the physician to perform all three services.
- None of the above.

True or False? Medicare provides coverage for the PPV and influenza shots only under the Medicare Part B benefit?

- True
- False

Medicare allows coverage for beneficiaries to receive one influenza shot:

- Once a year
- Once in a lifetime
- Once every flu season
- None of the above

PPV and influenza roster bills are different in the following way.

- Unlike the influenza roster, the PPV roster must contain a special warning.
- Influenza roster bills should be submitted on form HCFA-1450, and PPV roster bills should be submitted on form HCFA-1500.
- There is no difference. PPV and influenza roster bills are identical.
- None of the above.

A Medicare mass immunizer is defined as...

- A Medicare provider who offers PPV and influenza vaccinations to a larger number of individuals within the Medicare community.
- A medical provider who does not have an affiliation with Medicare, and who provides numerous vaccinations to individuals enrolled in their healthcare organization.
- A non-licensed institution that immunizes large groups of individuals at a single time and location.
- None of the above.

True or False? PPV and influenza vaccinations are benefits only under the Medicare Part B program

- True
- False

You scored \_\_\_\_ correct on the Post-Course Knowledge Assessment.

Refer to the button bar below to see which questions you answered correctly or incorrectly. Click numbered button to view the correct response for each question. A green button indicates a correct answer. A red button indicates an incorrect answer.

Your course "Progress Report" containing both the Preliminary Knowledge Assessment and Post-Course Knowledge Assessment scores can be obtained by clicking the Print Button below. Adult Immunizations course certification is given to individuals scoring 90% or better on the Post-Course Knowledge Assessment.

Note: You may increase your final score by retaking the Post-Course Knowledge Assessment at any time. Click the Menu button to do this now.

(END OF ADULT IMMUNIZATIONS SECTION)

(End of Call/Show)  
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